



Tattoo Establishment Change of Location Form

Iowa Department of Public Health
Division of ADPER & EH/Tattoo Program
321 E. 12th Street, Des Moines, IA 50319-0075
(515) 242-6337

Please print legibly.

Owner Information

Owner Name:
(First) (Middle) (Last)

Address:
.....
(City) (State) (Zip)

Social Security Number: Date of Birth:

Telephone: Cell Phone:

Email:

Privacy Act Notice: Disclosure of your Social Security number on this license application is required by 42 U.S.C. Section 666(a)(13) and Iowa Code Section 252J.8(1). The number will be used in connection with the collection of child support obligations and as an internal means to accurately identify licensees.

Current Establishment Location

Name:

Address:
.....
(City) (State) (Zip)

Permit Number:
Telephone: Business Hours:

New Establishment Location

Name:

Address:
.....
(City) (State) (Zip)

Telephone: Business Hours:

A nonrefundable application fee of \$25 shall be payable by **check or money order** to the Iowa Department of Public Health. Cash is not acceptable.

Mail completed application and fee to address shown at the top of this application. Please submit within 30 days of a change in location. (Refer to the Iowa Administrative Code 641 – Chapter 22 for all other requirements.) Please call (515) 242-6337 if you have any questions.